



Last Updated: 03/09/2022

Prior Authorization - Children's Mental Health Program will Transition to KePRO for Fee-for-Service Enrollees - Effective May 1, 2008

Effective December 1, 2007, DMAS began providing reimbursement for the Children's Mental Health (CMH) Program, a new program for children and youth with serious emotional disturbances. This program offers community-based options to Medicaid eligible individuals under the age of 21 who have been residing in a Psychiatric Residential Treatment Facility (PRTF) for at least ninety (90) days. Please refer to the previous Medicaid Memo dated December 3, 2007 for additional information regarding this program.

The purpose of this memorandum is to inform providers of the changes to the enrollment and prior authorization process for the CMH Program. Currently, the Department of Medical Assistance Services (DMAS) performs both the enrollment and the prior authorization of the services for the CMH Program. Beginning May 1, 2008, this process will change and will be split into 2 steps as follows:

Step 1: DMAS will continue conducting the initial enrollment into the CMH Program. Transition coordinators or case managers will continue sending the documentation to DMAS that is necessary to enroll individuals in the CMH Program. Information on what needs to be submitted to DMAS to determine if the individual is eligible for the CMH Program services is outlined in Chapter 4 of the CMH Program Manual. DMAS will confirm if the individual meets the requirements for entrance into the CMH Program. All requests for enrollment will be acted on within 5 business days.



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Step 2: Once DMAS has enrolled the individual in the CMH Program, case managers or transition coordinators will need to submit specific service documentation to the Keystone Peer Review Organization (KePRO) for those services to be prior authorized. Information on what needs to be sent for prior authorization of services is outlined in Chapter 4 of the CMH Program Manual. KePRO will act on any request for services within 5 business days.

WebEx training will be held on April 17, 2008 from 3p.m. to 4p.m. to provide instructions on how to submit requests for services through KePRO. To log on to the WebEx, please go to www.genesys.com and click on "join a meeting as a participant". Enter the meeting number ***9240330***, then choose "*How to submit a successful PA for CMH*". The call-in number is 1-866-462-0164. This WebEx will also be recorded and available beginning April 17, 2008 on the KePRO website to view at your convenience.

If you have submitted a request and/or obtained a prior authorization decision by DMAS prior to May 1, 2008, there is no need to send the same request to KePRO. DMAS will provide all prior authorization information received and decisions previously made by DMAS to KePRO immediately prior to the transition.

The following codes must be used when submitting requests on the DMAS 98 (Community Based Care Request Form) to KePRO for prior authorization under the CMH Program:

Procedure Code	Description
H2014	In-Home Residential Support
97139	Therapeutic Consultation



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S5165	Environmental Modifications
99199, U4	Environmental Modifications, Maintenance Costs only
S5150	Consumer Directed Respite
S5136	Consumer Directed Companion Services
T1005	Agency Directed Respite Care
S5135	Agency Directed Companion Care
S5111	Family Caregiver Training

Prior authorization decisions will be made using DMAS criteria identified in the *Children's Mental Health Program Manual*. This manual is located on the DMAS website www.dmas.virginia.gov.

KePRO will accept service requests for prior authorization through iEXCHANGE, fax, phone, or mail. For fax or mail requests, providers must use the DMAS 98 (Community

Based Care Request Form), which has been revised and is attached to this memo. This request form and instructions is located on the DMAS website www.dmas.virginia.gov under "Prior Authorization" and on the KePRO website under "forms" at <https://dmas.kepro.org/default2.aspx>. Providers may fax requests to 1-877-OKBYFAX (1-877-652-9329).

Phone requests may be made by calling (804) 622-8900 or 1-888-827-2884. To ensure the quickest response, please have all necessary information



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readily available. In addition, please limit multiple requests to three recipients per call.

Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send Protected Health Information (PHI) by e-mail unless it is sent via a secure encrypted e-mail submission.

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a new, enhanced web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

Copies of Manuals

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.



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Provider E-Newsletter Sign-Up

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to

receive the electronic newsletter, please sign up
at: [www.dmas.virginia.gov/pr-
enewsletter.asp](https://www.dmas.virginia.gov/pr-enewsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.